

WHAT IS OUTPATIENT CIVIL COMMITMENT?

Legally mandated treatment in the community is known by a variety of titles, but **the criteria and requirements of particular laws fall under three categories**

1. Less Restrictive Alternative to Inpatient Admission
2. Conditional Release from Inpatient Admission
3. **Preventive Outpatient Commitment (AOT)**

HOW PREVALENT ARE THESE LAWS?

**Less Restrictive
Alternative to Inpatient
Admission**

30+ States

Conditional Release
from Inpatient Hospital

40+ States

Preventive Outpatient
Commitment (AOT)

10-15 States

COST AND EFFECT ON VOLUNTARY SERVICES

- AOT is costly, and **resources are limited**
- New York is the only state with a comprehensive AOT program
 - \$32M annually for administrative support costs
 - \$126M annually in additional funding for enhanced services to those under a court order
 - Still saw reduction in availability of voluntary services
- **Priority will be given to court-mandated individuals**, and those seeking treatment voluntarily will have an even harder time accessing services

DISPARITIES IN IMPLEMENTATION

- In New York, **minority populations are at a much higher risk** for being court-ordered into treatment

	Race/Ethnicity of Individuals Subject to New York AOT Orders	New York Total Population Race/Ethnicity Data
Black	38%	18%
Hispanic	27%	19%
White	31%	55%

MEDICATION LIMITATIONS

- Substantial treatment progress occurred in the 1980s and 1990s, but **a cure for mental illness remains elusive**
- Medication works, but **not for everyone**
- Side effects can have **serious consequences**
- New concerns about the **impact of long-term usage** of psychotropic medication

REFUSAL OF TREATMENT

- Proponents of AOT argue that some individuals **lack the capacity** to understand their illness and must be forced into treatment
- They claim this is due to a condition known as **anosognosia**
- Anosognosia **has not been recognized** as a medical condition related to severe mental illness
- There is **no way to test for it**, and therefore no way to target this population for mandated treatment

WHERE'S THE EVIDENCE?

Six independent systematic reviews found **little or no evidence** that people court-ordered to community treatment have better outcomes than those receiving voluntary services

- *Kisely & Hall (2014)* – OCC orders **did not result** in a greater reduction in hospital readmissions
- *Maughan & Molodynski, et al (2013)*– OCC orders have **no significant effect** on hospitalization or community service use

WHERE'S THE EVIDENCE?

- *Churchhill, Owen, Singh & Hotopf (2007)* – **Very little evidence** to suggest OCC orders are associated with any positive outcomes
- *Kisely, Campbell & Scott (2007)* – Evidence that OCC reduces admissions or bed days is **very limited**
- *Cochrane Collaboration (2005/2010)* – **No significant difference** in service use, social functioning or quality of life compared to standard care
- *RAND Corporation (2001)* – **Not proven** that coerced treatment works better than voluntary treatment

WHERE'S THE EVIDENCE?

Systemic reviews of over 55 studies on assertive community treatment show that it:

- Engages clients in treatment
- Substantially reduces psychiatric hospital use (50%-76%)
- Lowers rates of substance use
- Increases housing stability
- Improves symptoms and subjective quality of life

This is the type of **outreach and engagement** that Maryland's OCC program strives to deliver, whether the enrollee is participating voluntarily or involuntarily